

Foster Family Home - Corrective Action Report

Provider ID: 1-130007

Home Name: Olivia Lewin, CNA

Review ID: 1-130007-7

92-1336 Pueonani Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 9/21/2018

End Date: 9/21/18

Foster Family Home

Required Certificate

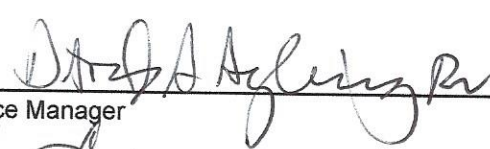
[17-1454-6]

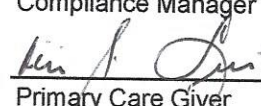
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/21/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

9/21/18
Date

9/21/2018
Date